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Bib Data Sheet

**CONFIRMATION NO. 8506**

<b>SERIAL NUMBER</b> 10/646,464	<b>FILING DATE</b> 08/21/2003  <b>RULE</b>	<b>CLASS</b> 081	<b>GROUP ART UNIT</b> 3723	<b>ATTORNEY DOCKET NO.</b> 0275S-000780
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**\*\* CONTINUING DATA \*\*\*\*\*** *bst*

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*** *bst*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**  
**\*\* 11/14/2003**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> <i>[Signature]</i>            Examiner's Signature         </div> <div> <i>bst</i>            Initials         </div> </div>	<b>STATE OR COUNTRY</b> MD	<b>SHEETS DRAWING</b> 11	<b>TOTAL CLAIMS</b> 29	<b>INDEPENDENT CLAIMS</b> 4
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**TITLE**  
 Automatic screwfeeder

<b>FILING FEE RECEIVED</b> 1148	<b>FEES:</b> Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;"><input type="checkbox"/> All Fees</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;"><input type="checkbox"/> 1.16 Fees ( Filing )</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;"><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;"><input type="checkbox"/> 1.18 Fees ( Issue )</div> <div style="border: 1px solid black; padding: 2px;"><input type="checkbox"/> Other _____</div>
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